

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		04/26/00
O.I.P.E. CLASSIFIER		12	5/2
FORMALITY REVIEW	<i>[Signature]</i>	7153	6-28-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	7153	7-12-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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